

FOR BEP Certification Workshop(s): NO FEE IS REQUIRED, however, to sign up for this workshop(s), please return the following pre-registration form. If you have any questions, or for Americans With Disabilities Act Accommodations, please contact our office at (312) 814-4190 (Voice/TDD), (800) 356-9206, (800) 526-0844 (Relay Line for Hearing Impaired). Note: Certification Workshops are subject to change and pre-registration is required.

***\*TBA (Workshop locations to be announced - Please call our office for further information)***

**\*\*\* PRE-REGISTRATION FORM \*\*\***

**Yes** ☐, I plan to attend the Business Enterprise Program workshop on, \_\_\_\_\_ in \_\_\_\_\_  
**Date of Workshop** **Provide which Location**

**PLEASE CHECK** each of the following which are applicable: Gender ☐ Male ☐ Female

☐ African American ☐ Asian American ☐ Caucasian Female ☐ Hispanic ☐ Native American ☐ Person with Disability

**PLEASE PRINT OR TYPE**

Name/Title \_\_\_\_\_

Business Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail address: \_\_\_\_\_

**How did you hear about BEP? Check all that apply:**

☐ Direct Mail ☐ BEP Staff ☐ Agency (specify name): \_\_\_\_\_ ☐ Other (specify): \_\_\_\_\_

*Please fax to (312) 814-5539 or return by mail to: Illinois Department of Central Management Services, Business Enterprise Program, 100 West Randolph, Suite 3-350, Chicago, Illinois 60601*